

CHAPTER 13
SECTION 9.1
ADDENDUM 1, SECTION 7

TRICARE-APPROVED AMBULATORY SURGERY PROCEDURES -
DIGESTIVE SYSTEM

The number following the procedure code is the TRICARE payment group.

LIPS

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>EXCISION</u>		
40500	4	Vermilionectomy (lip shave), with mucosal advancement
40510	4	Excision of lip; transverse wedge excision with primary closure
40520	4	Excision of lip; V-excision with primary direct linear closure
40525	4	Excision of lip; full thickness, reconstruction with local flap (Estlander or fan)
40527	4	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)
40530	4	Resection of lip, more than one-fourth, without reconstruction
<u>REPAIR (CHEILOPLASTY)</u>		
40650	5	Repair lip, full thickness; vermilion only
40652	5	Repair lip, full thickness; up to half vertical height
40654	5	Repair lip, full thickness; over one half vertical height, or complex

VESTIBULE OF MOUTH

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>INCISION</u>		
40801	4	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated
40805	4	Removal of embedded foreign body; complicated
40806	2	Incision of labial frenum (frenotomy)
<u>EXCISION, DESTRUCTION</u>		
40814	4	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
40816	4	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
40818	2	Excision of mucosa of vestibule of mouth as donor graft
40819	2	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)
40820	2	Destruction of lesion or scar of vestibule of mouth by physical methods (e.g., laser, thermal, cryo, chemical)
<u>REPAIR</u>		
40831	2	Closure of laceration, vestibule of mouth; over 2.5 cm or complex

VESTIBULE OF MOUTH (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
40840	4	Vestibuloplasty; anterior
40842	5	Vestibuloplasty; posterior, unilateral
40843	5	Vestibuloplasty; posterior, bilateral
40844	7	Vestibuloplasty; entire arch
40845	7	Vestibuloplasty; complex (including ridge extension, muscle repositioning)

TONGUE, FLOOR OF MOUTH

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>INCISION</u>		
41000	2	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual
41005	2	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial
41006	2	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid
41007	2	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space
41008	2	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space
41009	2	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space
41010	2	Incision of lingual frenum (frenotomy)
41015	2	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual
41016	2	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental
41017	2	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular
41018	2	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space
<u>EXCISION</u>		
41105	4	Biopsy of tongue; posterior one-third
41110	2	Excision of lesion of tongue without closure
41112	4	Excision of lesion of tongue with closure; anterior two-thirds
41113	4	Excision of lesion of tongue with closure; posterior one-third
41114	4	Excision of lesion of tongue with closure; with local tongue flap
41115	2	Excision of lingual frenum (frenectomy)
41116	2	Excision, lesion of floor of mouth
41120	7	Glossectomy; less than one-half tongue
<u>REPAIR</u>		
41250	4	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41251	4	Repair of laceration 2.5 cm or less ; posterior one-third of tongue
41252	4	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex
<u>OTHER PROCEDURES</u>		
41500	2	Fixation of tongue, mechanical, other than suture (e.g., K-wire)

TONGUE, FLOOR OF MOUTH (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
41510	2	Suture of tongue to lip for micrognathia (Douglas type procedure)
41520	4	Frenoplasty (surgical revision of frenum, e.g., with Z-plasty)

DENTOALVEOLAR STRUCTURES

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>INCISION</u>		
41800	2	Drainage of abscess, cyst, hematoma from dentoalveolar structures
41805	2	Removal of embedded foreign body from dentoalveolar structures; soft tissues
41806	2	Removal of embedded foreign body from dentoalveolar structures; bone
<u>EXCISION, DESTRUCTION</u>		
41827	4	Excision of lesion or tumor (except listed above) dentoalveolar structures; with complex repair

PALATE, UVULA

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>INCISION</u>		
42000	4	Drainage of abscess of palate, uvula
<u>EXCISION, DESTRUCTION</u>		
42104	4	Excision, lesion of palate, uvula; without closure
42106	4	Excision, lesion of palate, uvula; with simple primary closure
42107	4	Excision, lesion of palate, uvula; with local flap closure
42120	6	Resection of palate or extensive resection of lesion
42140	4	Uvulectomy, excision of uvula
42145	7	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)
42160	2	Destruction of lesion, palate or uvula (thermal, cryo or chemical)
<u>REPAIR</u>		
42180	2	Repair, laceration of palate; up to 2 cm
42182	4	Repair, laceration of palate; over 2 cm or complex
42200	7	Palatoplasty for cleft palate, soft and/or hard palate only
42205	7	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42210	7	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)
42215	9	Palatoplasty for cleft palate; major revision
42220	7	Palatoplasty for cleft palate; secondary lengthening procedure
42225	7	Palatoplasty for cleft palate; attachment pharyngeal flap
42235	7	Repair of anterior palate, including vomer flap
42260	6	Repair of nasolabial fistula
42281	5	Insertion of pin-retained palatal prosthesis

SALIVARY GLAND AND DUCTS

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>INCISION</u>		
42300	2	Drainage of abscess; parotid, simple
42305	4	Drainage of abscess; parotid, complicated
42310	2	Drainage of abscess; submaxillary or sublingual, intraoral
42320	2	Drainage of abscess; submaxillary, external
42325	4	Fistulization of sublingual salivary cyst (ranula)
42335	5	Sialolithotomy; submandibular (submaxillary), complicated, intraoral
42340	4	Sialolithotomy; parotid, extraoral or complicated intraoral
<u>EXCISION</u>		
42405	4	Biopsy of salivary gland; incisional
42408	5	Excision of sublingual salivary cyst (ranula)
42409	5	Marsupialization of sublingual salivary cyst (ranula)
42410	5	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
42420	9	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve
42425	9	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve
42440	5	Excision of submandibular (submaxillary) gland
42450	4	Excision of sublingual gland
<u>REPAIR</u>		
42500	5	Plastic repair of salivary duct, sialodochoplasty; primary or simple
42505	6	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated
42507	5	Parotid duct diversion, bilateral (Wilke type procedure)
42508	6	Parotid duct diversion, bilateral (Wilke type procedure); with excision of one submandibular gland
42509	6	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands
42510	6	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts
<u>OTHER PROCEDURES</u>		
42600	2	Closure salivary fistula

PHARYNX, ADENOIDS, AND TONSILS

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>INCISION</u>		
42700	2	Incision and drainage abscess; peritonsillar
42720	2	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach
42725	4	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach
<u>EXCISION, DESTRUCTION</u>		
42802	2	Biopsy; hypopharynx
42804	2	Biopsy; nasopharynx, visible lesion, simple
42806	4	Biopsy; nasopharynx, survey for unknown primary lesion

PHARYNX, ADENOIDS, AND TONSILS (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
42808	4	Excision or destruction of lesion of pharynx, any method
42810	5	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
42815	7	Excision branchial cleft cyst, vestige or fistula, extending beneath subcutaneous tissues and/or into pharynx
42820	6	Tonsillectomy and adenoidectomy; under age 12
42821	7	Tonsillectomy and adenoidectomy; age 12 or over
42825	6	Tonsillectomy, primary or secondary; under age 12
42826	6	Tonsillectomy, primary or secondary, age 12 or over
42830	5	Adenoidectomy, primary; under age 12
42831	6	Adenoidectomy, primary; age 12 or over
42835	6	Adenoidectomy, secondary; under age 12
42836	6	Adenoidectomy, secondary; age 12 or over
42860	5	Excision of tonsil tags
42870	5	Excision or destruction lingual tonsil any method (separate procedure)
42880 ¹⁰	7	Excision nasopharyngeal lesion (e.g., fibroma)

REPAIR

42900	2	Suture pharynx for wound or injury
42950	4	Pharyngoplasty (plastic or reconstructive operation on pharynx)

OTHER PROCEDURES

42955	4	Pharyngostomy (fistulization of pharynx, external for feeding)
42960	2	Control oropharyngeal hemorrhage, primary or secondary (e.g., posttonsillectomy); simple
42962	4	Control oropharyngeal hemorrhage, primary or secondary (e.g., posttonsillectomy); with secondary surgical intervention

ESOPHAGUS

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>ENDOSCOPY</u>		
43200	1	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43202	1	Esophagoscopy, rigid or flexible; with biopsy, single or multiple
43204	1	Esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices
43215	1	Esophagoscopy, rigid or flexible; with removal of foreign body
43216	2	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43217	2	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43219	2	Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent
43220	2	Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter)
43226	2	Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire
43227	4	Esophagoscopy, rigid or flexible; with control of bleeding, any method

ESOPHAGUS (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
43228	4	Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43234	1	Upper gastrointestinal endoscopy, simple primary examination (e.g., with small diameter flexible endoscope) (separate procedure)
43235	1	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; complex diagnostic with or without collection of specimen(s) by brushing or washing (separate procedure)
43239	2	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy single or multiple
43241	4	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement
43243	4	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection sclerosis of esophageal and/or gastric varices
43245	2	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with dilation of gastric outlet for obstruction any method
43246	4	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube
43247	3	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body
43248	4	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire
43249 ⁸	4	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)
43250	4	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43251	3	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43255	4	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method
43258	5	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique

ESOPHAGUS (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
43259 ²	5	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination
43260	5	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43261	4	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple
43262	4	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy
43263	4	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of oddi (pancreatic duct or common bile duct)
43264	4	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of stone(s) from biliary and/or pancreatic ducts
43265	4	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde destruction lithotripsy of stones, any method
43267	4	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube
43268	4	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct
43269	4	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube, or stent
43271	4	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)
43272	4	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique

MANIPULATION

43450	1	Dilation of esophagus, by unguided sound or bougie, single or multiple passes
43453	1	Dilation of esophagus, over guide wire
43456	4	Dilation of esophagus by balloon or dilators; retrograde
43458	4	Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia

STOMACH

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
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INCISION

43600	2	Biopsy of stomach; by capsule, tube, peroral (one or more specimens)
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INTRODUCTION

43750	4	Percutaneous placement of gastrostomy tube
43760	1	Change of gastrostomy tube

SUTURE

43870	2	Closure of gastrostomy, surgical
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INTESTINES (EXCEPT RECTUM)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>EXCISION</u>		
44100	2	Biopsy of intestine by capsule, tube, peroral (one or more specimens)
<u>ENTEROSTOMY - EXTERNAL FISTULIZATION OF INTESTINES</u>		
44312	2	Revision of ileostomy; simple (release of superficial scar) (separate procedure)
44340	5	Revision of colostomy; simple (release of superficial scar) (separate procedure)
44345	6	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)
44346	6	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)
<u>ENDOSCOPY, SMALL BOWEL AND STOMAL</u>		
44360	4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44361	4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
44363	4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum not including ileum; with removal of foreign body
44364	4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44365	4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44366	4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding, any method
44369	4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44372	4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum; with placement of percutaneous jejunostomy tube
44373	4	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube
44380	2	Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44382	2	Ileoscopy, through stoma; with biopsy, single or multiple
44385	2	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44386	2	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple
44388	2	Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44389	2	Colonoscopy through stoma; with biopsy, single or multiple

INTESTINES (EXCEPT RECTUM) (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
44390	2	Fiberoptic colonoscopy through colostomy; with removal of foreign body
44391	2	Colonoscopy through stoma; with control of bleeding, any method
44392	2	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44393	2	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44394	2	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

RECTUM

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>INCISION</u>		
45000	2	Transrectal drainage of pelvic abscess
45005	4	Incision and drainage of submucosal abscess, rectum
45020	4	Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess
<u>EXCISION</u>		
45100	2	Biopsy of anorectal wall, anal approach (e.g., congenital megacolon)
45108	4	Anorectal myomectomy
45150	4	Division of stricture of rectum
45170	4	Excision of rectal tumor, transanal approach
45180 ³	5	Excision and/or electrodesiccation of malignant tumor of rectum, transanal approach
<u>ENDOSCOPY</u>		
45305	2	Proctosigmoidoscopy, rigid; with biopsy, single or multiple
45307	2	Proctosigmoidoscopy, with removal of foreign body
45308	2	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
45309	2	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique
45315	2	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
45317	2	Proctosigmoidoscopy, rigid; with control of bleeding, any method
45320	2	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (e.g., laser)
45321	2	Proctosigmoidoscopy rigid; with decompression of volvulus
45331	1	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	2	Sigmoidoscopy, flexible; with removal of foreign body
45333	2	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45334	2	Sigmoidoscopy, flexible; with control of bleeding, any method
45337	2	Sigmoidoscopy, flexible; with decompression of volvulus, any method
45338	2	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

RECTUM (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
45339	2	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45355	2	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple
45378	2	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)
45379	4	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body
45380	3	Colonoscopy, fiberoptic, proximal to splenic flexure; with biopsy, single or multiple
45382	4	Colonoscopy, fiberoptic, proximal to splenic flexure; with control of bleeding, any method
45383	3	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45384	4	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45385	3	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

REPAIR

45500	4	Proctoplasty; for stenosis
45505	4	Proctoplasty; for prolapse of mucous membrane
45560	4	Repair of rectocele (separate procedure)

MANIPULATION

45900	2	Reduction of procidentia (separate procedure) under anesthesia
45905	2	Dilation of anal sphincter (separate procedure) under anesthesia other than local
45910	2	Dilation of rectal stricture (separate procedure) under anesthesia other than local
45915	2	Removal of fecal impaction or foreign body (separate procedure) under anesthesia

ANUS

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>INCISION</u>		
46030	2	Removal of anal seton, other marker
46040	5	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)
46045	4	Incision and drainage of intramural, intramuscular or submucosal abscess, transanal, under anesthesia
46050	2	Incision and drainage, perianal abscess, superficial
46060	4	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy, or fistulotomy, submuscular, with or without placement of seton

ANUS (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
46080	5	Sphincterotomy, anal, division of sphincter (separate procedure)
<u>EXCISION</u>		
46200	6	Fissurectomy, with or without sphincterotomy
46210	4	Cryptectomy; single
46211	4	Cryptectomy; multiple (separate procedure)
46220	2	Papillectomy or excision of single tag, anus (separate procedure)
46250	5	Hemorrhoidectomy, external, complete
46255	7	Hemorrhoidectomy internal and external, simple
46257	5	Hemorrhoidectomy internal and external, simple; with fissurectomy
46258	5	Hemorrhoidectomy internal and external, simple; with fistulectomy, with or without fissurectomy
46260	9	Hemorrhoidectomy, internal and external, complex or extensive
46261	6	Hemorrhoidectomy, internal and external, complex or extensive; with fissurectomy
46262	6	Hemorrhoidectomy, internal and external, complex or extensive; with fistulectomy, with or without fissurectomy
46270	5	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
46275	5	Surgical; submuscular
46280	6	Surgical treatment of anal fistula (fistulectomy/fistulotomy); complex or multiple with or without placement of seton
46285	2	Closure of anal fistula with rectal advancement flap; second stage
<u>ENDOSCOPY</u>		
46608	2	Anoscopy; with removal of foreign body
46610	2	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
46611	2	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique
46612	2	Anoscopy; with removal of multiple tumors, polyps, or other lesion by snare technique
<u>REPAIR</u>		
46700	5	Anoplasty, plastic operation for stricture; adult
46705	5	Anoplasty, plastic operation for stricture; infant
46750	5	Sphincteroplasty, anal, for incontinence or prolapse; adult
46753	5	Graft (Thiersch operation) for rectal incontinence and/or prolapse
46754	4	Removal of Thiersch wire or suture, anal canal
46760	4	Sphincteroplasty, anal, for incontinence, adult; muscle transplant
<u>DESTRUCTION</u>		
46922	2	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
46924	2	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive, any method
46937	4	Cryosurgery of rectal tumor; benign
46938	4	Cryosurgery of rectal tumor; malignant

LIVER

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
INCISION		
47000	3	Biopsy of liver, percutaneous needle

BILIARY TRACT

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
INTRODUCTION		
47510	4	Introduction of percutaneous transhepatic catheter for biliary drainage
47525	2	Change of percutaneous biliary drainage catheter
47530	2	Revision and/or reinsertion of transhepatic T-tube
ENDOSCOPY		
47552	4	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic
47553	5	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple
47554	5	Biliary endoscopy, percutaneous via T-tube or other tract; for removal of stone(s)
47555	5	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent
LAPAROSCOPY		
47560 ¹³	5	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy
47561 ¹³	5	Laparoscopy, surgical; with guided transhepatic cholangiography, with biopsy
EXCISION		
47630	5	Biliary duct stone extraction, percutaneous via T-tube tract, basket or snare (e.g., Burhenne technique)

PANCREAS

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
EXCISION		
48102	2	Biopsy of pancreas, percutaneous needle

ABDOMEN, PERITONEUM, AND OMENTUM

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
INCISION		
49000	6	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)
49080	2	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial
49081	4	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent
49085	4	Removal of peritoneal foreign body from peritoneal cavity

ABDOMEN, PERITONEUM, AND OMENTUM (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>EXCISION AND DESTRUCTION</u>		
49180	2	Biopsy, abdominal or retroperitoneal mass, percutaneous needle
49250 ²	6	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)
<u>LAPAROSCOPY</u>		
49320 ¹³	6	Laparoscopy, surgical, abdomen, peritoneum, and omentum; diagnostic with or without collection of specimen(s) by brushing or washing (separate procedure)
49321 ¹³	7	Laparoscopy, surgical, abdomen, peritoneum, and omentum; with biopsy (single or multiple)
49322 ¹³	6	Laparoscopy, surgical, abdomen, peritoneum, and omentum; with aspiration of cavity or cyst (e.g., ovarian cyst) (single or multiple)
<u>INTRODUCTION AND REVISION</u>		
49400	2	Injection of air or contrast into peritoneal cavity (separate procedure)
49420	2	Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary
49421	2	Insertion of intraperitoneal cannula or catheter for drainage or dialysis; permanent
49425	4	Peritoneal-venous shunt (e.g., LeVeen shunt)
49426	4	Revision of peritoneal-venous shunt
<u>HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY</u>		
49500	7	Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy; reducible
49505	7	Repair initial inguinal hernia, age 5 years or over; reducible
49520	8	Repair recurrent inguinal hernia, any age; reducible
49525	6	Repair inguinal hernia, sliding, any age
49540	4	Repair lumbar hernia
49550	7	Repair initial femoral hernia, any age; reducible
49555	7	Repair recurrent femoral hernia; reducible
49560	9	Repair initial (incisional) hernia; reducible (separate procedure)
49565	6	Repair recurrent (incisional) hernia; reducible (separate procedure) recurrent
49570	6	Repair epigastric hernia (e.g., preperitoneal fat); reducible (separate procedure)
49580	7	Repair umbilical hernia, under age 5 years; reducible
49585	5	Repair umbilical hernia, age 5 years or over; reducible
49590	5	Repair spigelian hernia
<u>LAPAROSCOPY</u>		
49650 ¹³	6	Laparoscopy, surgical; repair initial inguinal hernia
49651 ¹³	9	Laparoscopy, surgical; repair recurrent inguinal hernia

Except as provided below, all procedures are effective as of November 1, 1994

- ¹ Code added for services performed on or after January 1, 1995
- ² Code added for services performed on or after February 27, 1995
- ³ Code deleted for services performed on or after April 1, 1995
- ⁴ Code deleted for services performed on or after April 26, 1995
- ⁵ Payment group changed for services performed on or after February 27, 1995

- ⁶ Code added October 1995 effective for services performed on or after November 1, 1994
- ⁷ Code deleted for services performed on or after March 31, 1996
- ⁸ Code added for services performed on or after January 1, 1996
- ⁹ Code added for services performed on or after January 1, 1997
- ¹⁰ Code deleted for services performed on or after January 1, 1997
- ¹¹ Code added for services performed on or after November 1, 1998
- ¹² Code deleted for services performed on or after January 1, 2000
- ¹³ Code added for services performed on or after January 1, 2000
- ¹⁴ Code deleted for services performed on or after January 1, 2001
- ¹⁵ Code added for services performed on or after January 1, 2001